



FIRE & RESCUE TRAINING ACADEMY
DIVISION OF WELLNESS, SAFETY AND TRAINING
Montgomery County Fire and Rescue Service
9710 Great Seneca Highway Rockville, MD. 20850
Phone 301- 279-1834 Fax 301- 279- 1795

TRANSCRIPT RELEASE

I, the undersigned, in compliance with the Federal "Family Educational and Rights Privacy Act of 1974" and the Buckley Amendment, authorize and give my permission to the Fire & Rescue Training Academy of Montgomery County Maryland, to release a transcript of my training records.

PLEASE PRINT:

NAME _____
Last First Middle

Social Security Number _____ - _____ - _____

Address _____
Street Route/ P.O. Box

City State Zip

Signature _____

Number of transcripts needed _____ (please note below if any are needed for a college)

If you are authorizing this transcript to be sent to someone other than yourself, you must provide the following information as well

Name _____ **Organization** _____

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